



Sent via e-mail to: schochm@csgonline.org
MAILING DATE: June 25, 2020

Ms. Susan C. Blue
President/Chief Executive Officer
Community Services Group, Inc.
P.O. Box 597 320 Highland Drive
Mountville, Pennsylvania 17554

RE: Community Services Group
Personal Care Home
176 State Route 901
Coal Township, Pennsylvania 17866
License #: 226690

Dear Ms. Blue:
:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on February 24, 2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

A handwritten signature in black ink that reads "Anne Graziano". The signature is written in a cursive style.

Anne Graziano
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: *COMMUNITY SERVICES GROUP PERSONAL CARE HOME*
Address: *176 SR 901,, COAL TOWNSHIP, PA 17866*
County: *NORTHUMBERLAND* Region: *NORTHEAST*

License Number: *22669*

Administrator

Name: *Maureen Schoch* Phone: *7172857121* Email: *BLUES@CSGONLINE.ORG*

Legal Entity

Name: *COMMUNITY SERVICES GROUP INC*
Address: *PO BOX 597, 320 HIGHLAND DRIVE, MOUNTVILLE, PA, 17554*

Certificate(s) of Occupancy

Type: *R-4* Date: Issued By:

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *11* Waking Staff: *8*

Inspection

Type: *Partial* BHA Docket #: Notice: *Unannounced*
Reason: *Incident & Complaint*

Inspection Dates and Department Representative

02/24/2020 - On-Site: Jason Harvey

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *16* Residents Served: *11*

Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: <i>11</i>	Are 60 Years of Age or Older: <i>4</i>
Diagnosed with Mental Illness: <i>11</i>	Diagnosed with Intellectual Disability: <i>1</i>
Have Mobility Need: <i>0</i>	Have Physical Disability: <i>0</i>

42s - Privacy

Regulations

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

On 2/1/2020 at approximate 8:00 pm, staff person A used their smart phone to record resident #1's audio during a crisis in the home.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

On 2/18/2020 the staff person A recieved a one on one review of the HIPAA training and the trainer reviewed how this pertained to documentation as well.

The home also reviewed Resident Rights and the companies Policy and Procedure on Psychotherapy notes with all the home's staff on 2/27/2020. The company's Policy is to not allow any notes outside of the Residents record, which would include audio recordings.

Legal Entity Representative

Maureen Schoch

Signature

Maureen Schoch, Program Director 4/17/2020

Printed Name and Title

Date

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The above plan of correction is approved as of

6-17-2020

(Date)

Plan of correction implementation status as of

6-17-2020

(Date)

The above plan of correction was approved by

ag

(Initials)

Implemented

Not Implemented